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ODS-18

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Connie T. Marshall et al.
Application No.: 09/729,484 Confirmation No.: 5978
Filed : Dec 4, 2000
For : SYSTEMS AND METHODS FOR INTERACTIVE WAGERING
Group Art Unit : 3713
Examiner :

Hon. Commissioner for Patents
Washington, D.C. 20231

Attention : Office of Initial Patent Examination
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REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Attached is a marked-up copy of the official Filing Receipt for this patent application. The residential address of the second inventor, Joni L. Hamilton, should be -- Haskell, OK --. The residential address of the third inventor, Jon C. Zaring, should be -- Alpharetta, GA --. The residential address of the fourth inventor, Kevin D. Satterfield, should be -- Coweta, OK --. Each of these inventors has declared their respective address in an executed copy of the Declaration and Power of Attorney for this patent application, which is attached hereto.

Please issue a Corrected Filing Receipt to correct these errors. If any fee is deemed to be due in connection with this Request, the Patent Office is hereby authorized to charge the fee to Deposit Account No. 06-1075. A duplicate copy of this Request is enclosed.

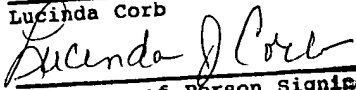
Respectfully submitted,

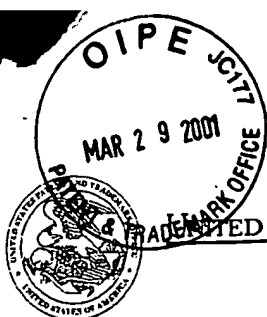

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WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/729,484	12/04/2000	3713	1110	ODS/018	171	20	8

CONFIRMATION NO. 5978

FILING RECEIPT



OC000000005673751

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Date Mailed: 01/24/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/169,184 12/06/1999

Foreign Applications

If Required, Foreign Filing License Granted 01/08/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

Title

Systems and methods for interactive wagering

Preliminary Class

463

Data entry by : STOKES, TUSHOMBE

Team : OIPE

Date: 01/24/2001





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Bib Data Sheet

CONFIRMATION NO. 5978

SERIAL NUMBER 09/729,484	FILING DATE 12/04/2000 RULE	CLASS 463	GROUP ART UNIT 3713	ATTORNEY DOCKET NO. ODS/018
APPLICANTS Connie T. Marshall, Muskogee, OK; Joni L. Hamilton, Haskell, OK; Jon C. Zaring, Alpharetta, GA; Kevin D. Satterfield, Coweta, OK; Jennifer A. Vogh, Tulsa, OK; Masood Garahi, Superior, CO; Richard E. McNutt, Lafayette, CO; Thomas L. Aronson, Boulder, CO;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/169,184 12/06/1999 <i>YES m</i>				
** FOREIGN APPLICATIONS ***** <i>not m</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/08/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY OK	SHEETS DRAWING 171	TOTAL CLAIMS 20
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 8		
ADDRESS 1473				
TITLE Systems and methods for interactive wagering				
FILING FEE RECEIVED 1240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	